

**State Targeted Response (STR) State Opioid Response (SOR) Grants  
Provider Quarterly Tracking Form  
(Fill in your Agency and catchment area)  
Services delivered: Month/Day, Year- Month/Day, Year  
Due Month/Day, Year**

*Instructions: Write brief narratives for each of these questions, and fill in the tables at the end of the report. Please indicate N/A if any of the questions are not applicable:*

1. **Generally describe the MAT services which are funded by the STR/SOR grant: (medications, individual counseling, groups, case management, medical services, labs, pill count/UA, etc.) If MAT is offered by your agency/partners but not under STR/SOR funds, please note this as well.**
2. **Describe the recovery support services (RSS) services which are funded by the STR/SOR grant: (peer recovery coaching, relapse prevention, recovery calls, self-help and support groups, continuing care, etc.) If RSS is offered by your agency but not under STR/SOR funds, please note this as well.**
3. **Provide a very brief update on each of the strategies identified in the action plan section of your strategic plan:**
  - a. **Goal/strategy:** current status
  - b. **Goal/strategy:** current status
  - c. **Goal/strategy:** current status
  - d. **Add more as needed**

	<b>STR/SOR Grant-funded services</b>	<b>New Quarterly total</b>	<b>Methadone</b>	<b>Buprenorphine</b>	<b>Naltrexone</b>	
1.	# unduplicated people receiving OUD treatment <i>* see below detail</i>					
2.	# of new MAT providers in your community during this reporting period					
	<b>Type of RSS</b>	<b>Recovery Calls</b>	<b>Recovery coaching</b>	<b>Self-help groups (outside of treatment)</b>	<b>Recovery Housing</b>	<b>Other (specify)</b>
3.	# unduplicated people receiving OUD RSS <i>** see below for demographics</i>					
	<b>Training Topics:</b>	<b>Opioids &amp; Prescribing Guidelines</b>	<b>MAT</b>	<b>Naloxone/Overdose prevention</b>	<b>Other (specify)</b>	<b>Total</b>
4.	# trained providers: specify # of each: Physicians, PAs, Nurses, Social Workers					
5.	# trained SUD staff: specify # of each counselors, prevention, Peer support					
6.	# trained first responders					
7.	# trained other (specify) service providers					
	<b>Naloxone</b>	<b>First Responders</b>	<b>Friends/ Family</b>	<b>Community service providers</b>	<b>Others</b>	

8.	# of 2-pack naloxone kits distributed				
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	*MAT Demographics Client ID #	GENDER (M/F/T)	RACE/ETHNICITY ( )	AGE	PREGNANT (Y/N)	IV USE (Y/N)	MEDICATION PROVIDED	Start date
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

(add more rows as needed)

	**RSS Demographics Client ID #	GENDER (M/F/T)	RACE/ETHNICITY (see below options)	AGE	PREGNANT (Y/N)	IV USE (Y/N)	RSS PROVIDED	Start date
1								
2								
3								

4								
5								
6								
7								
8								
9								
10								

(add more rows as needed)